



Please type or print in ink.

A Public Document

NAME (LAST) ZANE	(FIRST) SHIRLEE	(MIDDLE) RUTH	DAYTIME TELEPHONE NUMBER [REDACTED]
MAILING ADDRESS (Business Address Acceptable) [REDACTED]	STREET [REDACTED]	CITY [REDACTED]	STATE [REDACTED]
ZIP CODE [REDACTED]		OPTIONAL: E-MAIL ADDRESS [REDACTED]	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Sonoma County Board of Supervisors

Division, Board, District, if applicable:

Third District

Your Position:

County Supervisor

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of Sonoma

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 5

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-16-10

Signature [REDACTED]

(The originally signed statement is being official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Shirlee Zane

STREET ADDRESS OR PRECISE LOCATION
1111 McDonald Avenue

CITY
Santa Rosa, CA 95404

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:
06/12/04 ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold Yrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

STREET ADDRESS OR PRECISE LOCATION
920 Stevenson St.

CITY
Santa Rosa, CA 95404

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
1992 ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold Yrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Manuel & Jeannie Delgado

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE % ☐ None TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE % ☐ None TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Shirlee Zane</u>

► **1 INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Ursuline High School

ADDRESS (Business Address Acceptable)

90 Ursuline Rd, Santa Rosa, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Private Catholic Girls High School

YOUR BUSINESS POSITION

Director of Finance

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property: car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more:

☐ Other _____
(Describe)

► **1 INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property: car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more:

☐ Other _____
(Describe)

► **2 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Shirlee Zane</u>
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NAME OF SOURCE <u>Diane Evans</u>		
ADDRESS (Business Address Acceptable) <u>425 7th St, Santa Rosa 95401</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Sonoma County Museum</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/26/09</u>	<u>\$270</u>	<u>2 Annual Dinner Tickets</u>
	\$	
	\$	

NAME OF SOURCE <u>Steve Page</u>		
ADDRESS (Business Address Acceptable) <u>Hwy 370/21, Sonoma 95476</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Infinion Raceway</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/21/09</u>	<u>\$250</u>	<u>NASCAR Tickets (2)</u>
	\$	
	\$	

NAME OF SOURCE <u>Sonoma County Harvest Fair</u>		
ADDRESS (Business Address Acceptable) <u>PO Box 1536 Santa Rosa 95402</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/14/09</u>	<u>\$130</u>	<u>2 Gala Tickets</u>
	\$	
	\$	

NAME OF SOURCE <u>Sonoma Golf Club</u>		
ADDRESS (Business Address Acceptable) <u>17700 Arnold Drive, Sonoma</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/29/09</u>	<u>\$240</u>	<u>Charles Schwab Cup tickets (1)</u>
	\$	
	\$	

NAME OF SOURCE <u>Bohemian Club</u>		
ADDRESS (Business Address Acceptable) <u>23601 Bohemian Hwy, Monte Rio 95462</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/16/09</u>	<u>\$100</u>	<u>2 County Day Tickets</u>
	\$	
	\$	

NAME OF SOURCE <u>Sonoma County Fair</u>		
ADDRESS (Business Address Acceptable) <u>PO Box 1536, Santa Rosa 95402</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/28/09</u>	<u>\$420</u>	<u>Fair passes & director lunches</u>
	\$	
	\$	

Comments: _____

Sonoma County Supervisor Shirlee Zane, 3rd District

Additional Agencies & Positions – County of Sonoma

California Form 700

Reporting period: 1/1/09 through 12/31/09

Sonoma County Community Development Commission - Boardmember

Sonoma County Indian Gaming Local Community Benefit Committee – Alternate

Sonoma County Transportation Authority/Regional Climate Protection Authority -
Director